

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028493

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3886

STATE FILE NUMBER

FILED JUL 31 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF
1		
2 8:1502		
3		
4 2		
5 1		
6		
7 1		
8 1		
9 330 X		
10		
11		
12 76-3		
13		
ITEM NO.	SHOULD READ	DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY, MISSOURI</b>		c. CITY OR TOWN <b>KANSAS CITY, KANSAS</b>	
Length of stay in 1b <b>1 hr.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, KC, MO.</b>		d. STREET ADDRESS (If outside, give location) <b>1219 GARFIELD, KC, KAN.</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>HENRY</b> Last <b>MC AFEE</b>		4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/15/23</b>
9. AGE (last birthday) <b>39</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>UNEMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNEMPLOYED</b>	
11. BIRTHPLACE (City and state or country) <b>MUSKOGEE, OKLA.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>UNK</b>		13b. MOTHER'S MAIDEN NAME <b>UNK</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS RUTH MC AFEE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>YES</b> (If yes, give war or dates of service) <b>12/5/43 to 10/22/45</b>	
16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT <b>VA HOSP RECORDS</b> Address <b>MRS RUTH MC AFEE 1219 GARFIELD Kc, Kan.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral infarction and right intraventricular hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ruptured aneurysm of right middle cerebral artery</b> DUE TO (c) <b>Atherosclerosis and hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>3:30 PM</b> Month, Day, Year <b>7/7/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Wadsworth</b>		20f. CITY, TOWN, OR LOCATION <b>Wadsworth, Lv, Kansas</b>	
21. VA attended the deceased from <b>3:30 PM 7/7/63</b> to <b>4:25 PM 7/7/63</b> and last saw him alive on <b>7/7/63</b> Death occurred at <b>4:25 PM 7/7/63</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens Coroner</b>		22b. ADDRESS <b>152 N. Main St. Wadsworth, Mo.</b>	
22c. DATE SIGNED <b>7/10/63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Wadsworth</b>	
23a. DATE <b>7/9/1963</b>		23b. LOCATION (City, town, or county) <b>Wadsworth, Lv, Kansas</b>	
24. FUNERAL DIRECTOR Address <b>Bailey Funeral Home, K.C. Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>7-10-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *C. R. Smith*

Licensed Embalmer No. 4495

P. O. Address *W. E. Smith*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.